

## **Memorandum of Understanding**

This memorandum of understanding is between the Mentor and the Protégée participating in the Caltrans Districts 7, 8, and 12 Mentor-Protégé Program.

**Mentor Name:** 

Address:	
City/Zip	
Contact Person 1 (Name/Tel/E-mail)	
Contact Person 2 (Name/Tel/E-mail)	
<b>Business Focus:</b>	1.
	2.
	3.
Protégé	
Protégé Address:	
Address:	
Address:  City/Zip  Contact Person 1	
Address:  City/Zip  Contact Person 1 (Name/Tel/E-mail)  Contact Person 1	1.
Address:  City/Zip  Contact Person 1 (Name/Tel/E-mail)  Contact Person 1 (Name/Tel/E-mail)	1. 2.
Address:  City/Zip  Contact Person 1 (Name/Tel/E-mail)  Contact Person 1 (Name/Tel/E-mail)	

	1. Mentor to assist Protégé in Busines	s in Operational Functions.
	2	
	3	
	4	
II.	Method or Approach in meeting the (	Goals & Objectives:
	Mentor/Protégé to meet Biweekly/N	
	2. Mentor/Protégé to identify future te	eaming opportunities
IV.	Define Success Measures:  1. Mentor to assist Protégé in Business in Operational Functions.  2	
Ment	or:	Protégé:
Revie	ewed & Approved by:	Reviewed & Approved by:
Signa	ture:	Signature:

\*\* Please submit completed MOU to:

**Goals & Objectives Defined:** 

I.

Department of Transportation Division of Program & Project Management Office of Consultant Services, MS-2

Attn: Jay Shah 100 S. Main St., Ste. 100 Los Angeles, CA 90012